

MICHAEL J. BAKALIS

COMPTROLLER STATE OF ILLINOIS

June 19, 1978

PAYROLL BULLETIN (3-78) 201 STATE HOUSE SPRINGFIELD, ILLINOIS 62706 217/782-6000

TO:

All State Agencies, Departments, Boards, Commissions

and Universities

Special Attention: Administrative, Personnel, Payroll, Fiscal, Data Processing, and Other Officers and Employees Responsible for the Administration of the State Employees

Group Insurance Program

SUBJECT:

Impact of Changes in the State Employees Group Insurance Program on State Payroll Vouchers - Effective July 1, 1978

The purpose of this bulletin is to highlight those <u>July 1, 1978</u> changes in the "State Employees Group Insurance Program" that have a direct impact on the State payroll voucher.

Exhibit #1 - Examples Illustrating How the Payroll Code Boxes on the New Enrollment Form (DP-70) Relate to the State Payroll Voucher

The attached exhibit shows how certain boxes on the new enrollment form correspond to certain fields on the payroll voucher. Several examples are provided to illustrate this and describe how dollar amounts for payroll voucher fields 47, 50, 54, and 58 should be determined.

Health Insurance Plan of Program

Effective July 1, 1978, there will be seven State contracted health carriers (Blue Cross-Blue Shield and six HMO's). This office has assigned a specific code to each carrier for entry into payroll voucher Field 49 for trailer warrant purposes. As illustrated in the attached exhibit, the specific carrier code in Box 32 (State Health) must be the same code entered into payroll voucher Field 49 (State Health Code). Also, the carrier code can be used as an aid to identify the appropriate health premium rate table for determination of dollar amounts for payroll voucher fields 50 and 58.

Life Insurance Plan of Program

Effective July 1, 1978, some individuals who have elected spouse and/or child life coverage will have increased amounts of coverage. In both

areas, the individual is purchasing one-half of the amount of the member's life insurance, with a maximum of \$5,000 for spouse and \$2,000 for child. In either case, the member is purchasing the type of coverage, not an amount. If a member has \$12,000 of total (basic plus optional) life insurance and elects spouse life insurance, \$5,000 of spouse life insurance will be in force. The member does not have the option of selecting a lower amount. Of course, the member may decide not to elect spouse and/or child coverage.

Enclosed are the July 1, 1978, premium rate tables for all seven carriers for the Health Insurance Program and the July 1, 1978, life insurance premium rate tables.

If you have any questions about the premium rate tables or need additional copies, please contact the Group Insurance Division of the Department of Personnel at 217/782-2548.

Very truly yours

Daniel S. Steven Payroll Supervisor

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DEPARTMENT CERTIFICATION HAT HE NAMES OF EMPLOYEES THE POSITIONS OCCUPIED ACTUAL THAT OF SERVICE. AND APPROPRIATION CHARGEABLE AS SHOWN ON THE ACCOMPANYING PAY BOT SHEETS ARE CORRECT AND HAT SHEET INSTRUMENTS OCCUPIED OFFICES OF PRACES OF EMPLOYMENT PAY ACCOMPANY TO PROVISIONS OF LAW AND ARE HITTED TO PANNER IN MACROSINES AND PROVISIONS OF LAW AND ARE HITTED TO PANNER IN MACROSINES OF THE PROVISION OF THAT SHEET IN THE PAY HAME HAME DEFICATION DEFICATIO	NOTE: a.) Refer to the appropriate Premium Rate Tables in determining the dollar amounts to be entered in Payroll Fields 47, 50, 54 and 58. b.) Persons not eligible to participate in the State Employees Group Insurance Program must be coded "C" in Field 44; Fields 46, 49, 53 and 57 left blank; no DP-70 is to be completed.	Edirollment Form (DP-70) Box 31 (Eligible Code) Box 32 (State Health) Box 33 (State Health Deduct) Box 34 (State Life) Box 34 (State Life) Box 35 (State Life Deduct) Box 35 (State Life Deduct) Box 36 (State Life Deduct) Field 46 (State Life Deduction Code) Field 57 (State Life Deduction Code)	AS ILLUSTRATED ABOVE: Boxes 31 thru 35 on the enrollment form (DP-70) correspond to certain fields on the payroll veucher. Identical codes are used in these boxes and fields, as follows:	G A D1 FO C1 OO SIGNATURE - PREPARER SECTION AGENCY OFFICE USE ONLY A D1 FO C1 OO A SIGNATURE - PREPARER	OUCHER EXHIBIT I - 1 of 3 PAYROLL TITLE TOGSHON PAYROLL TITLE TOGSHON PAYROLL TITLE TOGSHON PAYROLL TITLE TOGSHON TOGSHO
CERTIFICATE OF DIRECTOR OF PERSONNEL 1 HEREBY CERTIFY THAT THE PERSONS NAMED IN THIS PAYROLL VOUCHER 1 ONTAINING NAME(S) HAVE BEEN APPOINTED EMPLOYED AND ARE TO RECEIVE SALARIES OR WAGES AT THE RAPES OF COMPRESSATION INDICASED FOR THE POSITIONS HEREIN AROVE LISTED AND SHOWN BY HE OFFICIAL ROSTED IN ACCORDANCE WITH THE PROVISIONS OF SECTION 12A OF THE PERSONNEL CODE EXCEPT THOSE CROSSED OUT AND THOSE WHO ARE EXEMPT (INDICASED BY ASTERISK(*)) BY ASTERISK(*) BY ASTERISK(*)	By referring to the "State Group" health premium rate table and life premium rate table, the dollar amount to be entered on the payroll voucher in Field 47 is \$1.66, in Field 50 \$22.66 (\$19.16 + \$3.50), and in Field 58 \$17.99. Field 54 is left blank.	EXAMPLE 1 The member's Enrollment Form (DP-70) is coded A in Box 31, D1 in Box 32, FO in Box 33, C1 in Box 34, and OO in Box 35.	• IN EXAMPLES 1 THRU 1, ASSUME THE MEMBER IS LESS THAN 56 YEARS OF AGE, HAS AN ANNUAL SALARY OF \$16,104, IS NOT ENROLLED IN MEDICARE, AND APPEARS ON A SEMI-MONTHLY PAYROLL. • IN EXAMPLES 5 THRU 8, ASSUME THE MEMBER IS 66 YEARS OF AGE, HAS AN ANNUAL SALARY OF \$16,104, IS ENROLLED IN BOTH PART'S A & B OF MEDICARE, AND APPEARS ON A SEMI-MONTHLY PAYROLL.	Please refer to <u>DP-129</u> "Preparers Instructions for Completing the Group Insurance Enrollment Form (DP-70)" and <u>DP-129A</u> "Preparers Supplemental Instructions for Completing the Group Insurance Enrollment Form (DP-70) for the 'HMO' option," for the instructions to complete the Payroll Code Boxes on the new enrollment form.	STATE AND OTHER ETHERMENT O MINNE WORKED BASIS O OVERACE A MINISTER WATER O & CREWNA ASSAURE 7 TRACHETS TIME WORKED BASIS O OVERACE A MINISTER R TRACHETORY 5 MANY 5 MANY 5 MANY 6 MOUNTY THAT WORKED BASIS O OVERIMA O COOKS AND TO THE MINISTER R TRACHETORY 6 MANY 6 MOUNTY 7 TRACHETS TO THE STATE TO

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STATE OF ILLINOIS - PAYROLL VOUCHER EXHIBIT I - 3 of 3 FORM 5CO-029 REVISED (7-75) EXAMPLE 7 EXAMPLE 6 EXAMPLE 8 CODE CODE DEPARTMENT CERTIFICATION AND APPROPRIATION CHARGEARLE AS SHOWN ON THE ACCOMPANYING PAY-ROLL SHEETS ARE CORRECT, AND THAT SUCH EMPLOYEES OCCUPIED OFFICES OR PLACES OF EMPLOYMENT ACCORDING TO PROVISIONS OF LAW AND ARE ENTITLED TO PAYMENT IN AMOUNTS INDICATED. COMPENSATION AMOUNT HEREBY CERTIFY THAT THE NAMES OF EMPLOYEES, THE POSITIONS OCCUPIED, ACTUAL TIME OF SERVICE bd B M SEFUND 20 EMPLOYEE NAME CODE CI CI CI NON TAXABLE STATE (IFE REFUND 22 .41 141 41 BAY PERIOD OF LIFE 20 20 20 WATSART NO WASART NO WATSART NO W DI AF AD AS THEALTH 20.30 22,66 22.66 SECURITY SECURITY I ON INDOWY CODE CODE POSITION CLASSIFICATION CARNISHMENT DUES AME AMOUNT NO 2 BB 8 A CREDIT CHECK STATE THE 1.20 MORKED . 56 CODE 1 ON 1003 251W APPROVED FOR PAYMENT SHELLERED ANNUAL RATE VWI OFFICER DIRECTOR OR EXECUTIVE SECRETAR ASSN DUES CODE ST JI × TO E AMI DED HIVEN IS DUES AMI 24.26 2.85 BASI AMOUNT NO 7 6.90 MOBI STATE I STATE STATE AND OTHER TIME WORKED BASIS F.I.C.A. CODES: - M - M By referring to the "HAP" health premium rate table and life premium rate table, the dollar amount to be entered on the payroll voucher in Field 47 is \$.41 in Field 50 \$20.30 (\$16.80 + \$3.50), in Field 54 \$.56 (Il = \$.56), and in Field 58 \$6.90. and life premium rate table, the dollar amount to be entered on the payroll voucher in Field 47 is \$.41, in Field 50 \$22.66 (\$19.16 + \$3.50), in Field 54 \$1.20 (II = \$.56 + I2 = \$.64), and in Field 58 \$2.85. The member's Enrollment Form (DP-70) is coded B in Box 31, Dl in Box 32, Jl in Box 33, Cl in Box 34, and BB in Box 35. 10C3 3SFW The member's Enrollment Form (DP-70) is coded E in Box 31, in Box 32, TO in Box 33, Cl in Box 34, and OO in Box 35. The member's Enrollment Form in Box 32, X1 in Box 33, C1 By referring to the "State Group" health premium rate table premium rate table, the dollar amount to be entered in Field 47 is \$.41, in Field 50 \$22.66 (\$19.16 + \$3.50), in Field 58 \$24.26 (\$21.15 + \$3.11). Field 54 is left By referring to the "FMCCI" health premium table and life STATE INCOME ON HIDOWY CHOSS AM 0 ANI S HINDERS & PHINCHERIA & STALLBOILD GEHERAL VERHING
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